



Work Order (Bid Form)

WORK ORDER INFORMATION

Work Order Name: 14014SO3626

Work Order Type: Weatherization

Audit Name: 14014SO3626

CLIENT INFORMATION

Client Name:

Client ID: 14014SO3626

Alt. Client ID: LAWRENCE

Address: , Unit 1710

ETHRIDGE, TN 38456

AGENCY INFORMATION

Agency: South Central Human Resource Agency

Address: (PO Box 638) 1437 Winchester Highway
Fayetteville, TN 37334

Agency Phone: (931) 433-7182

Fax: (931) 433-0074

Email Address:

Agency Contact: MOOREHEAD, JIMMY

Work Phone:

Cell Phone:

Email Address:

Company Name & License Number: _____

Contractor's Signature: _____

COMMENT

Client Name:

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Measures

Measure				Components				Inspected		
Smoke CarbonDetector is Needed										
Comment				INSTALL SMOKE CARBON DETECTOR						
				Estimated		Actual				
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total	
1	Health and Safety	Smoke carbon detector	Each	1						
2	Labor	Labor	Each	1						
Other Detail										
Measure Sub Total:							Sub Total:			
Field Notes:										

Measure 1 Seal Ducts				Components				Inspected		
Comment				SEAL DUCT WORK AND REGISTERS WITH MASTIC SEAL RETURN AND RETURN BOX WITH MASTIC READING ARE HIGH NED TO READ 1.0 OR LESS						
				Estimated		Actual				
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total	
1	Miscellaneous Su	Duct Sealing	Each	1						
2	Labor	LABOR	Each							
Other Detail										
Measure Sub Total:							Sub Total:			
Field Notes:										

Measure 2 Infiltration Redctn**Components****Inspected**

Comment SEAL ALL PLUMBING AND ELECTRICAL CAULK ALL WINDOWS USE BLOWER DOOR TO REACH TARGET OF 2429 INSTALL 5 STORM WINDOWS INSTALL W/S D/S ON FRONT DOOR SIDE DOOR BASEMENT DOOR

☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
10	Miscellaneous Su	Infiltration Reduction	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:****Measure 3 Install/Replace Heatpump****Components** HS1,AC1**Inspected**

Comment INSTALL HEATPUMP SPLIT UNIT 85 PERCENT OR GREATER LEAVE WARRENTY PAPERS WITH CLINT AND PAPERS TO SHOW EFFECENTY OF UNIT

☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Heating Equipme	Heatpump - 20 kBtu/h Existing, Consult Manual J Data	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Heatpump - 20 kBtu/h Existing, Consult Manual J Data	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:**

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Measure 4 DWH Pipe Insulation**Components****Inspected****Comment** INSULATE FIRST 6 FT HOT AND COLD☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	DHW Pipe Insulation As per 2.4.1 of SWFG (page 2-11).	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	DHW Pipe Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:**

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Measure 5 Lighting Retrofits**Components** LT1,LT1 (2),LT1 (3)**Inspected****Comment**

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Lighting	Compact FI. - 26 Watt	Each Lamp	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Compact FI. - 26 Watt	Each Lamp	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Lighting	Compact FI. - 26 Watt	Each Lamp	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Labor	Compact FI. - 26 Watt	Each Lamp	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Lighting	Compact FI. - 26 Watt	Each Lamp	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	Labor	Compact FI. - 26 Watt	Each Lamp	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:**

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Measure 6 DWH Tank Insulation**Components****Inspected****Comment** INSULATE H/W/H☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Hot Water Equip	DHW Tank Insulation As per 2.4.1 of SWFG (page 2-10).	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	DHW Tank Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:	<input type="text"/>	

Field Notes:**Measure 7 Attic Ins. R-19****Components** A1**Inspected****Comment** INSTALL R 19 ATTIC INSULATION BAFFLES BETWEEN ALL RAFTERS 4 RULES☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Attic Insulation - Blown Cellulose - R-19	SqFt	1440	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Attic Insulation - Blown Cellulose - R-19	SqFt	1440	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:	<input type="text"/>	

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Measure 8 Fix Improper Venting (Clothes Dryer)**Components****Inspected****Comment** Vent to exterior and cap as per 2.5.4 of SWFG (pages 2-17 and 2-18).

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	Exterior Cap / Metal Flex / Clamps	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Hour	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:****Work Order Grand Total:****Grand Total:**

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